

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield Preschool + Childcare Center Date: 7/10/25 Time: 10:00

Location Address: 10 Wintonbury Ave. Bloomfield Telephone #: 860-242-0183

e-mail address: edudirector@bloomfieldchildcarecenter.org License #: 12135 Expiration Date: 11/30/28

Capacity: 128/69 # of Children Present: 70 # of Staff Present: 20

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature _____</i>
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Purpose of visit: Investigation - Case 2025-700

Observations/Corrections needed:

⑤ 19a-79-4a - Staffing - Supervision - program failed to properly supervise children when it was observed on camera 3 children coming + going to the bathroom unsupervised. It was also observed that a toddler child wandered out of a classroom + by a teacher in the hall; this is the child that was later found on the stairs by admin staff.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 7/24/25

Signature: [Signature]
(OEC Representative)
Print Name: Kristi Morgan
Signature: [Signature]
(Person in Charge)
Print Name: Stephanie Kapey